

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2014	
Mailing Address 815 Slaters Lane		Amount 150075.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5266
Purpose of Expenditure media placement	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 28 / 2014	
Name of Federal Candidate Mary Michelle Nunn		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2014	
Mailing Address 174 Waterfront Street, Suite 500		Amount 22271.68	
City National Harbor	State MD	Zip Code 20745	Transaction ID : SE.5271
Purpose of Expenditure direct mail services	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2014	
Name of Federal Candidate Walter B. Jones		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	172346.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY
04 / 02 / 2014

Signature